

AF/5P1654 \$ ND BOX Seg

Patent Attorney's Docket No. <u>024916-006</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	) ) BOX AF						
Ronald MATHISON et al	) BOX AF						
Application No.: 09/051,395	) Group Art Unit: 1654						
Filed: May 8, 1998	) Examiner: A. Gupta						
For: PEPTIDES FOR TREATMENT OF INFLAMMATION AND SHOCK	) ) ) FEB 1 7 2000						
AMENDMENT AND REPLY TRANSMITTAL LETTER TECH CENTER 1600/290							
Assistant Commissioner for Patents Washington, D.C. 20231							
Sir:							
Enclosed is an Amendment and Reply for the a	bove-identified patent application.						
[X] A Petition for Extension of Time is also	A Petition for Extension of Time is also enclosed.						
the substitute Sequence Listing in comput	Also enclosed are a paper copy of the substitute Sequence Listing; a disc containing the substitute Sequence Listing in computer readable form; a Declaration Pursuant to 37 C.F.R. §§ 1.821825; and a Notice of Appeal.						
· · · · · · · · · · · · · · · · · · ·	statement(s) claiming small entity status  [ ] are also enclosed [ ] were submitted previously.						
[ ] A Request for Entry and Consideration o enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.						
[ ] No additional claim fee is required.	No additional claim fee is required.						
[X] An additional claim fee is required, and i	An additional claim fee is required, and is calculated as shown below:						

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Amendment and Reply Transmittal Letter Application Serial No. <u>09/051,395</u> Attorney's Docket No. <u>024916-006</u> Page 2

	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	28	MINUS 22 =	6	x \$18.00 =	\$108.00	
Independent Claims	11	MINUS 8 =	3	x \$78.00 =	\$234.00	
If Amendment adds multi	ple dependent c	laims, add \$260.00				
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL	FEE DUE FOI	R THIS AMENDME	NT		\$171.00	

[X]	A claim fee	in the	amount of	\$ <u>171.0</u>	0 is	enclosed.
[]	Charge \$		to Depo	sit Accou	ınt No.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: February 14, 2000